

C-4

EPA General Permit WAG130000 - Annual Report



Annual Report of Operations
for Year 2018

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG130007

Facility & Owner Information

Facility Name:

US Fish and Wildlife Service - Willard National Fish Hatchery

Operator Name (Permittee):

Willard National Fish Hatchery

Address:

5501-B Cook-Underwood Rd
Cook, WA 98605

Email:

steve_wingert@fws.gov

Phone:

509-538-2305

Owner Name (if different from operator):

Email:

Phone:

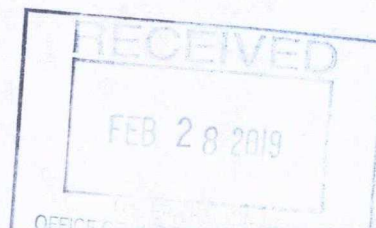
Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

No Changes.



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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **69,036 lbs**

Pounds of food fed to fish during the maximum month:
9,880 lbs. during June

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
Coho	45,401 lbs	Transferred to Yakama Nation Mid-Col	March, April
Fall Chinook	23,635 lbs	Little White Salmon River	Released-July

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	3,697	2,508	July	35,136	5,324
February	5,312	3,134	August	21,484	6,072
March	12,440	5,764	September	25,897	4,048
April	17,026	2,992	October	32,549	6,204
May	18,983	5,456	November	36,745	3,696
June	28,290	9,880	December	30,637	1,980

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Fish mortalities	year round	mort pit
Additional Comments:		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
NA	NA	NA	NA
Additional Comments: No mass mortality events this past year.			

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

No noncompliance events.

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
7/13/2018	NA	Visual inspection of off line settling basin

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chlorine No Discharge, Equipment disinfection only.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Florfenicol (Aquaflor) Medicated feed to treat Bacterial Coldwater
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i> Eyed Egg Disinfection
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other: None
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other: None

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: Ovadine		Generic Name: Iodine	
Reason for use: Disinfection of eyed eggs upon receipt from other hatcheries.			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): 1512 ml	Total quantity of formulated product used in past year (specify units): 9.07 liters	
Date(s) of treatment: 1/23/18, 12/03/18, 12/06/18, 12/14/18, 12/18/18, 12/27/18			Total number of treatments in past year: 6
Maximum daily volume of treated water: 40 gallons	Treatment concentration (specify units): 100 ppm	Duration and frequency of treatment(s): 20 min. one time upon receipt of eggs	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: All incubation building water flows to off line settling basin with no discharge to US waters.			

Brand Name: hth Super		Generic Name: Chlorinating Tablets, Trichlor	
Reason for use: Equipment & net disinfection in a ~40 gallon barrel			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: 24 oz.	Total quantity of formulated product used in past year (specify units):	
Date(s) of treatment: Monthly, as needed			Total number of treatments in past year: 12
Maximum daily volume of treated water: 120 gallons	Treatment concentration (specify units): 600ppm	Duration and frequency of treatment(s): continuous, solution in barrel	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input checked="" type="checkbox"/> Other (describe): disinfection barrels
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input checked="" type="checkbox"/> Other (describe): evaporation/ground
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: Trichloro-S-Triazinetrione Tablets slow time release dissolve in disinfection barrel.			

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments		
Tank Volume	151.42	Liters
Desired Static Bath Treatment Concentration	100,000	µg/L
Volume of Product Needed	1.512	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 100 ppm Active Ingredient: Ovadine is 1% active	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	0 gallons	Specify Units
Maximum % of Facility Discharge Treated	0.0%, No Discharge to US water	% of Total Discharge

Flow-Through Treatments		
Tank Volume		Liters
Calculated Flow Rate		Liters/Minute
Duration of Treatment		Minutes
Desired Flow-Through Treatment Concentration of Product		µg/L
Amount of Product to Add Initially		Liters Product
Amount of Product to Add During Treatment		mL/Minute
Total Volume of Product Needed		Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient:	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day		Specify Units
Maximum % of Facility Discharge Treated		% of Total Discharge

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Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

No changes to facility or operations of impact to NPDES.

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of person signing	Title
Steve Wingert	Hatchery Manager
Applicant Signature 	Date Signed 2-22-2018 

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140



Annual Report of Operations for Year 2017

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG130007

Facility & Owner Information

Facility Name:

US Fish and Wildlife Service - Willard National Fish Hatchery

Operator Name (Permittee):

Willard National Fish Hatchery

Address:

5501-B Cook-Underwood Rd
Cook, WA 98605

Email:

steve_wingert@fws.gov

Phone:

509-538-2305

Owner Name (if different from operator):

Email:

Phone:

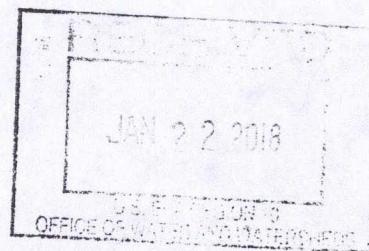
Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

No Changes.



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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **39,992 lbs**

Pounds of food fed to fish during the maximum month:

6,204 lbs. during June

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
Coho	11,027 lbs	Transferred to Yakama Nation Mid-Col	March & July
Fall Chinook	19,542 lbs	Little White Salmon River	Released-July

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	7,208	396	July	25,542	2,609
February	11,030	660	August	8,066	1,144
March	12,215	1,672	September	15,728	1,892
April	9,068	4,356	October	19,080	2,772
May	17,379	5,148	November	20,207	1,936
June	26,021	6,204	December	23,596	2,068

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Fish mortalities	year round	mort pit
Additional Comments:		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
NA	NA	NA	NA
Additional Comments: No mass mortality events this past year.			

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

No noncompliance events.

One monthly DMR was late due to the wrong month/year being filled out. Once the mistake was discovered the appropriate month and year was immediately filled out and the former one corrected back to its original data. In the future when filtering for DMR reports to enter we will utilize the date field in addition to the permit # field to assure only the correct month/year result is generated.

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
7/17/2017	NA	Visual inspection of off line settling basin

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chlorine No Discharge, Equipment disinfection only.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Florfenicol (Aquaflor)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i> Eyed Egg Disinfection
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other: None
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other: None

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: Ovadine		Generic Name: Iodine	
Reason for use: Disinfection of eyed eggs upon receipt from other hatcheries.			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): 1512 ml	Total quantity of formulated product used in past year (specify units): 7.56 liters	
Date(s) of treatment: 1/5/2017, 12/12/2017, 12/18/2017, 12/26/2017, 12/29/2017			Total number of treatments in past year: 5
Maximum daily volume of treated water: 40 gallons	Treatment concentration (specify units): 100 ppm	Duration and frequency of treatment(s): 20 min. one time upon receipt of eggs	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: All incubation building water flows to off line settling basin with no discharge to US waters.			

Brand Name: hth Super		Generic Name: Chlorinating Tablets, Trichlor	
Reason for use: Equipment & net disinfection in a ~40 gallon barrel			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment: 24 oz.	Total quantity of formulated product used in past year (specify units): 288 oz	
Date(s) of treatment: Monthly, as needed			Total number of treatments in past year: 12
Maximum daily volume of treated water: 120 gallons	Treatment concentration (specify units): 600ppm	Duration and frequency of treatment(s): continuous, solution in barrel	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input checked="" type="checkbox"/> Other (describe): disinfection barrels
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input checked="" type="checkbox"/> Other (describe): evaporation/ground
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: Trichloro-S-Triazinetrione Tablets slow time release dissolve in disinfection barrel.			

Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments	
Tank Volume	151.42 Liters
Desired Static Bath Treatment Concentration	100,000 µg/L
Volume of Product Needed	1.512 Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 100 ppm + Active Ingredient: Ovadine is 1% active + Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	0 gallons Specify Units
Maximum % of Facility Discharge Treated	0.0%, No Discharge to US water % of Total Discharge

Flow-Through Treatments	
Tank Volume	Liters
Calculated Flow Rate	Liters/Minute
Duration of Treatment	Minutes
Desired Flow-Through Treatment Concentration of Product	µg/L
Amount of Product to Add Initially	Liters Product
Amount of Product to Add During Treatment	mL/Minute
Total Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

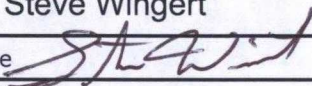
Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

No changes to facility or operations of impact to NPDES.

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed name of person signing	Title
Steve Wingert	Hatchery Manager
Applicant Signature 	Date Signed 1-19-2018

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
 Washington Hatchery Annual Report
 1200 Sixth Avenue, Suite 900
 Seattle, WA 98101-3140